## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. 10/586618 APPLICANT(S)

FILING DATE

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CLAIMS	70		11			

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TOTAL DEP.		<del>+</del>	14	<b>(+</b>		<b>+</b>	
TOTAL CLAIMS	200 may		10				
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